



LOS ANGELES COUNTY COMMISSION ON HIV HEALTH SERVICES

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV HEALTH SERVICES MEETING MINUTES December 9, 2004

Approved, 1/13/05

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF
Al Ballesteros, <i>Co-Chair</i>	Adrian Aguilar	Cinderella Barrios-Cernik	Rochelle Floyd
Nettie DeAugustine, <i>Co-Chair</i>	Ruth Davis	Alex Cautro	Louis Frederick
Ruben Acosta	Nancy Eugenio	Genvieve Clavreul	Douglas Frye
Cara Bailey	Gunther Freehill	Fontino Delgadillo	Michael Green
Anthony Braswell	John Griggs	Marianne Davis	Raymond Johnson
Mark Briggs	Charles Henry	Rod French	Vicki Nagata
Carrie Broadus	Wilbert Jordan	Alex Garcia	Diana Vasquez
Robert Butler	Elizabeth Marte	Luz Gutierrez	Juhua Wu
John Caranto	Elizabeth Mendia	Steve Hall	
Charles Carter	Vicky Ortega	Lucila Herrera	
Richard Eastman	Chris Perry	Deborah Kreimer	
Whitney Engeran	Dana Pierce-Hedge	Miki Jackson	
Hugo Farias	Alexis Rivera	Maxine Liggins	
William Fuentes	Fontaine Shockley	Antonio Lugo	
David Guigni	Vanessa Talamantes	Victor McKamie	
Rebecca Johnson-Heath		Ricardo Mota	
Marcy Kaplan		Azita Naghti	
Brad Land		Adelo Pasco	COMM STAFF/ CONSULTANTS
Michael Lewis		Nicholas Rocca	
Anna Long		Ruel Nollado	Virgina Bonila
Andrew Ma		Michael O'Connor	Libby Boyce
John Palomo		Jane Price	Gary Garcia
Wendy Schwartz		Martha Sepulveda	Jane Nachazel
Paul Scott/Richard Hamilton		Gary Vrooman	Doris Reed
Kathy Watt		Patricia Williamson	Sherry Rolls
Fariba Younai		Jane Wise	James Stewart
		Rocio Yong	Craig Vincent-Jones
		Tammy Young	Nicole Werner

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- 28) Memo to Commission: Priority- and Allocation-Setting Paradigms and Operating Values, *12/09/04*
- 29) Presentation: Year 16 Priority- and Allocation-Setting Process, *P&P Committee*
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- 31) Pledge Form: Commitment to Year 16 Priority- and Allocation-Setting Process
- 32) Materials: Cross-Title Collaboration
- 33) Year 14 Financial Reports, *10/28/04*

I. **CALL TO ORDER:** Mr. Ballesteros called the meeting to order at 9:55 am. Self-introductions were made.

II. **APPROVAL OF AGENDA:** The agenda was approved.

MOTION #1: *Passed by Consensus.*

III. **MEETING MINUTES:**

A. August 12, 2004: Revised minutes were approved.

MOTION #2: *Passed by Consensus.*

B. October 14, 2004: Minutes were approved.

MOTION #3: *Passed by Consensus.*

IV. **PARLIAMENTARIAN REMARKS:** There were no comments.

V. **PUBLIC COMMENT, NON-AGENDIZED:**

- Mr. McKamie introduced himself as the new Executive Director of Minority AIDS Project (MAP).

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- The following people spoke on behalf of indigent HIV service patients who need van transportation services in order to access medical care and services—representing Northeast Valley Health Corporation, one of three organizations funded to provide van transportation services: Nicholas Rocca, Antonio Lugo, Deborah Kreimer, Patricia Williamson, Adelo Pasco, Rod French, Tammy Young, Marianne Davis, Martha Sepulveda, Ricardo Mota, Fontino Delgadillo and Luz Gutierrez. Collectively, they asked the Commission to reconsider its decision to eliminate the van transportation funding in Year 15. They also asked the Commission to provide Northeast Valley with assistance in securing bridge or emergency funding for the services. In addition, Mr. Rocca, as Director of the HIV Program at Northeast Valley, told the Commission that their agency's cost per service was approximately \$13.00
- Ms. Price supported the claims by Northeast Valley, and asserted the same problems for the other two providers whose van transportation services that were cut.
- In response to questions, Mr. Vincent-Jones explained that van transportation had been cut in response to the high cost per client of approximately \$1,000 and high cost of service at about \$150 per ride. Ms. Vasquez clarified that another reason for the cut was due to its limited availability in only three Service Planning Areas (SPAs). Mr. Vincent-Jones added that the data that had been presented was aggregated across all three agencies.
- Mr. Ballesteros suggested that the Commission ask OAPP to define the range of costs per service and clients, rather than averaged data, as well as an update on OAPP's work to help the van transportation providers transition to no van transportation funding, in accordance with the original motion. Ms. DeAugustine assigned the work to the Finance and Standards of Care (SOC) Committees for review, in order to report back to the Commission in 30 days.

VI. CO-CHAIRS' REPORT:

A. Underspending Reallocation:

- Mr. Vincent-Jones explained that there is a two-year contract with Partnership of Community Health (PCH) and it covers program years 13 and 14. The contract was established in such a way that specific tasks were costed out for specific reimbursement amounts within each of the two program years. Because the Commission's transition process was delayed, though, PCH could not move forward on several of the projects in the first program year. As a result, they did not spend the full \$95,000 contracted for year 13; underspending by approximately \$42,000. However, over the course of the contract's two years, PCH is completing all of its assigned tasks, although a number of first year tasks will be completed in the second year. Year 14 spending is capped in the contract, so that amount must be raised and the funding secured for that additional amount..
- He went on to say that there are two steps in the process: 1) Securing Board of Supervisors approval to amend the original contract to raise the cap on second year spending (increasing the "total County maximum obligation"; and 2) identifying the funds to pay for the additional amount in year 14. Since year 13 is closed, there is no way to access to year 13 funds. The remedy is as there are underspending among the planning council support budget or services, those funds can be reallocated.
- He concluded the report by reminding the Commission that in August, they had adopted an underspending and reallocation policy. The policy allows the administrative agency to reallocate underspent service funds to priorities 6 through 8 (planning council support, program support and quality management) up to one percent of the combined budgets; equaling, year 15, approximately \$39,000. The proposed motion instructs OAPP to reallocate up to the \$39,000 for this purpose (to pay for additional PCH funding) first from any excess in the planning council support budget itself, and then from service underspending.

MOTION #4: *Motion passed by consensus.*

VII. EXECUTIVE DIRECTOR'S REPORT:

A. Staffing:

- Mr. Vincent-Jones introduced Gary Garcia and Doris Reed. Gary Garcia is the new Evaluation Manager; he will be supporting the SOC and Finance Committees. Doris Reed is the new Operations Manager; and will be supporting Recruitment, Diversity and Bylaws (RD&B) and Public Policy Committees. They both started on Monday, December 6, 2004.
- He added that they will delay hiring the Senior Secretary III position until the Year 15 Title I award amount is known. He explained that he wants see the impact of the award on the Los Angeles County budget before we commit to another staff position.
- Mr. Vincent-Jones said that the office has been having problems uploading the Commission package before the meetings. It is his goal to get into a pattern of finalizing everything the Friday before the meeting, and uploading it the

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following Monday or Tuesday, but they have been challenged by late submissions, Monday holidays and technical problems. He assured the Commission that staff will continue to make this process a priority.

- Mr. Ballesteros welcomed the new staff, and congratulated the Executive Director for building a great team. Mr. Scott counseled staff to make sure they have an impact, as the Commission was bringing on new people during a climate of cuts and provider lay-offs.

B. Public Foundation:

- Mr. Vincent-Jones reported that the office is beginning to move forward on setting up a Commission-affiliated foundation. The foundation would enable the Commission to secure other funding in addition to, or besides, CARE Act support, such as grants from private foundations and/or other government resources. He assured the providers that the foundation would not operate in competition with their fundraising activities, but asserted that there a number of major foundation initiatives for local providers might not be eligible, but for which the Commission would qualify in its planning capacity for a large County. He added that the foundation would be able to identify other funding which would reduce the Commission's reliance on and use of CARE Act dollars. He continued that there is a County process already established to create these foundations, and a number of Commissions, including the Arts Commission, CCJCC, and Human Relations Commission have already established affiliated foundations.

VIII. STATE OFFICE OF AIDS (OA) REPORT: There was no report.

IX. HIV EPIDEMIOLOGY PROGRAM REPORT:

A. Epidemiology Profiles:

- Dr. Frye, Medical Director for the HIV Epidemiology Program, presented the County's 2004 Epidemiological Profile, indicating that the last report was in 2000. He noted that it would be available the following month as it was being printed.

B. Pediatric Spectrum of HIV Disease:

- Dr. Toni Frederick presented a summary of the Pediatric Spectrum of HIV Disease report from 1998 to 2003, which focuses on perinatal HIV transmission and the rate of HIV seroprevalence in Los Angeles County newborns and infants. Dr. Frederick alerted the Commission that there is still no surveillance for pediatric exposure to HIV, which is the only true mechanism for measuring seroconversion in newborns and infants, noting that there has been resistance to such an effort at the State level.
- Mr. Engeran asked where high-risk women who are not receiving prenatal care access care, what are the kinds of interventions at local health clinics and urgent care centers, if counseling and training is provided, and how the health care system interfaces with woman when they encounter care. Ms. Kaplan responded that there was a strong HIV programming network for those purposes throughout Los Angeles County, especially in most communities with people living with HIV, and that Los Angeles AIDS Family Network (LAFAN) has coordinated much of that work. Ms. Kaplan congratulated Dr. Frederick and her group for their dedication and work.
- Ms. Broadus commented that a related concern is how women at sexual risk at categorized. Linking them to perinatal care is important, but letting them know that they are at risk is similarly important. She suggested that the Executive Committee forward the item to the Prevention Planning Committee (PPC) to further identify behavioral and sexual risk for women, and enact specific strategies to alert them of the information.

X. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that two UCLA researchers presented the disclosure study "Don't Ask Don't Tell" at the last PPC meeting, and it addressed how disclosure is handled in different cultural settings.
- They discussed the deadline for submitting their scopes and budgets by the following day. Both OAPP and the providers would have to work very fast and cooperatively in order to complete the contracts on time.
- She announced that their meeting structure would change in January: the meetings would start at noon instead of 1:00 and, on alternating months, there would be an abbreviated PPC meeting which would break out into standing committees.
- Mr. Engeran asked if the prevention plan was available. Ms. Watt responded that there was a draft plan reflecting of about 90%-95% of what the final draft would be. She expected that the final draft would be available in January 2005. Mr. Butler expressed concern that he has been asking for a copy of the Prevention Plan since September, and now he was being told it wouldn't be available until January. Ms. Watt assured everyone that information would be forthcoming soon.
- Mr. Butler raised two additional issues: 1) there are a lot of people using prevention services who do not feel there is a continuity of services, especially since contracts have been awarded before the Prevention Plan is released; and 2) he queried

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why the Commission wasn't given the courtesy of reviewing the draft, when the Commission releases its documents for public comment.

- Ms. DeAugustine responded that there was a joint meeting scheduled with the PPC and Commission co-chairs and she would bring up both issues.
- Mr. Engeran asked if the PPC intending to incorporate any of the findings from the Auditor-Controller's report in the Prevention Plan. Ms. Watt responded that any changes might be discussed later on. Ms. DeAugustine reported that the Auditor-Controller's report ultimately found some discrepancies, but that they were not significant enough to delay the process. She said the report would be presented at that time in order to develop recommendations for collaborating further and more smoothly with OAPP. Ms. Watt said she would e-mail the co-chairs to let them know where to get the report. In response to a question, Mr. Vincent-Jones said it could be downloaded from the Auditor-Controller's website.
- Ms. Broadus said it was important to acknowledge that we have a role and responsibility to make sure that the recommendations that were outlined in the report are incorporated and moved forward. She further said the Second District would be diligent about ensuring the recommendations are implemented and that the RFP process is clear, concise and consistent, and that it does not undermine the integrity and intent of the competitive bidding process.
- Mr. Vincent-Jones indicated that while the Commission's Ordinance gives it authority to advise on all HIV-related matters, historically the Commission has not dealt with prevention issues directly. He added that a majority of the issues raised in the Auditor-Controller's report are procurement-related issues and that, as a Title I planning council, the Commission should confine itself to those concerns that impact the system-wide delivery of services. He concluded by saying that although there are legitimate reasons for the Commission reviewing some of these issues, it should do so cautiously in order to ensure that it is not delving into areas where its involvement is not justified.

XI. OAPP REPORT:

- Mr. Johnson reported that the Year 15 Title I Application had been submitted. Ms. Broadus raised the following questions about the Year 15 Title I application:
 - On page 11 of the application, under Program Support personnel, there is mention of capacity building among other program support activities – she questioned whether this is capacity building funding supplied directly to CBOs, or whether the funding is used for capacity building staff functions (e.g., assessment, technical assistance).
 - On page 21 of the application, under the SAMHSA explanation – she questioned whether the \$3.7 million in SAMHSA funding that LA receives includes both SAMHSA substance abuse and mental health dollars, or just SAMHSA substance abuse dollars.
 - On page 38 of the application, under Assessment of Populations with Special Needs – she asked how is the high cost of serving clients from special populations (as compared to the national average) determined, if the jurisdiction gets research funding commensurate with those costs, and what OAPP and the Commission are doing to address funding at levels below the national average.
 - Starting on page 60, the implementation plan – she questioned how the numbers of projected clients and service units, their quantities and definitions are determined.
- Mr. Johnson announced that Diana Vasquez had been appointed as the permanent Director of the Care Services Division at OAPP.
- He added that the Prevention Plan has taken much longer than anticipated, and would be available in early January in both print and on CD-Rom.
- In response to a question, he said that the Department of Health Services was still reviewing the Hospice RFP.
- Mr. Johnson congratulated the Commission for securing a full staff, and said that OAPP was looking forward to meeting with them.
- Mr. Engeran asked Mr. Johnson about the status of the residential care and substance abuse contracts, based on the RFP process that had been outlined. Mr. Johnson said it was still ongoing. Mr. Butler responded that the timeline from the RFP had noted that the awards would be released around October 26, 2004.

XIII. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee:

1. **Rate Study Sequence:** Dr. Younai noted the SOC had received a response from OAPP regarding the sequence of the next rate studies. They made minor changes to the order and consolidating a few of the studies, which were acceptable to the SOC Committee. The Committee recommended approval of the proposed sequence.

MOTION #5: Motion passed by consensus.

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2. *Standards Development Process:*

- Dr. Younai started her presentation by reviewing the plan to develop the standards of care in each of the service categories over the course of the next year. Standards, she explained, dictate minimum expectations for quality of care of services delivered in a particular jurisdiction. It guarantees consistent care for clients, regardless of who the providers are or the geographic location of the providers, and it defines performance indicators and outcomes that are required to ensure that care is delivered consistently throughout the region. The standards also provide a baseline or a foundation for the subsequent rate study, and it is required for determining a specific rate within each service category.
- Ms. Broadus asked how they went about selecting the Technical Assistance (TA) consultants. Mr. Vincent-Jones responded that the consultants must be included in the pool of available consultants from Betah, the firm that handles HRSA's TA contracts. Their selection was based on feedback, experience and HRSA's recommendations. He added that when a TA is arranged through HRSA, consultant payments and reimbursements are handled directly between the consultant and Betah, and the EMA never sees the funds.
- Ms. DeAugustine reminded everyone to complete and return the salmon-colored pledge sheet, reflecting the Commissioners' commitment and agreement to participate in the development of the standards of care over the course of the next year.

B. *Public Policy Committee:*

1. ***Reauthorization:*** Mr. Vincent-Jones reported that he had received comment back on the proposed Reauthorization Policy from the CAO's office, Intergovernmental Affairs, and noted that they had commented on three matters:
 - a. ***Maintenance of Effort (MOE):*** he relayed their concern that MOE is addressed directly in Principle 7. MOE is a federal conditional requirement in a number of different federal funding and/or legislative initiatives, and the CAO must have a policy that consistently addresses MOE in all of those circumstances. The CAO said that the Board would not be willing to adopt a policy advocating federal funding based on MOE because it could penalize them for lower local contributions during difficult financial times. Mr. Vincent-Jones added, though, that they were not opposed to the concept of federal funding rewarding local commitment.
 - Ms. DeAugustine felt that while she understood the CAO's position, HRSA has also never acknowledged nor rewarded Los Angeles County for its extremely generous financial commitment—to the detriment of the local jurisdiction. She felt the Commission needed to call upon the federal government to address this issue, because it has been unfairly applied in Los Angeles' case. She acknowledged that while it is the CAO's responsibility to address consistent policy across all departments, it is the Commission's responsibility to address CARE Act and HIV/AIDS-related issues specifically. She commented that she understood if the CAO would not be able to adopt the language and specifics of any particular Commission recommendation, but felt the Commission needed to go on record making these appropriate comments.
 - b. ***Transparency:*** The CAO gave more specificity to the desire for transparency in the process by suggesting that the Commission advocate for language in the legislation that requires DHHS to issue regulations specifying the criteria and processes that are used to determine grant awards. The end result would require DHHS to define how they are evaluating awards and making award decisions.
 - c. ***Longer grant cycles:*** The CAO noted that while longer grant cycles are a worthy goal, there are sometimes unintended consequences and adverse ramifications of longer grant cycles. Legislators, they claim, have been known to use the failure of the agency to spend its entire budget as an excuse for refusing to increase funding for a project, when the only reason the agency has not spent its funding is because it is in the middle of a long grant cycle. The CAO suggested that those issues be further clarified and stipulated in the recommendation.
 - While she concurred with CAO's assessment, Ms. DeAugustine felt that it was an issue that still needed to be raised, and that other organizations were taking it up as well. She felt keeping the item with additional clarification could address the CAO's concerns.
 - Mr. Engeran added that the Commission's policy is not the County's final policy statement on the issue. He went on to say that he is still working on the accompanying justification document which would include some greater language to help explain some of the specific policy decisions. He urged the Commission to approve the policy statement, and the Public Policy Committee could incorporate the suggested language from CAO and address their other concerns in the justification statements.

MOTION #6: Motion passed by consensus.

2. ***Names-Based HIV Surveillance:*** Mr. Engeran reported that work to develop English and Spanish presentations for providers continues, and the workgroup will begin planning a presentation for providers in English and Spanish.

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C. Recruitment, Diversity and Bylaws (RD&B) Committee:

1. **Policy – Committees/Working Groups:** Mr. Butler asked that the Commission to approve the recommended policy on how to define its subgroups, committees and working units as the Committees begin to further divide up their work and issues. He noted that Standing Committee, Select and Ad-Hoc committees, along with subcommittees must all be Brown Act-compliant, requiring public notices, agendas, minutes and quorums. The other groups defined in the policy, due to their nature, do not invoke the Brown Act.

MOTION #7: Motion passed by consensus.

2. **Proposed Membership and Training:**

- Mr. Butler referred to the memorandum in the Commission packet regarding the proposed membership slate that RD&B had approved. Due to the delay with the Ordinance, the Committee will not forward the nominations to the Commission until April or May, and/or closer to Ordinance approval. As a result of the delay, the new, proposed Commission members will be expected to attend each of the upcoming Commission meetings, and a two-hour training following the Commission meeting. RD&B will weigh the proposed members' attendance and participation in the upcoming Commission meetings as additional criteria with which to evaluate their candidate selections, before forwarding the full slate.
 - In response to question, Mr. Butler also informed the group that RD&B will begin holding everyone accountable for their attendance, and will begin sending attendance letters to the members and their nominating bodies. He reiterated that the memo is clear that RD&B reserves the right to revise its membership recommendations depending upon additional criteria, including attendance at Commission meetings and trainings over the next four months.
 - Mr. Briggs commented asked what tool was used to score and evaluate candidates, and, if there were individual scores, why he did not get a copy of the scores. He also asked if the candidates who membership had been renewed were part of the scoring system. Mr. Vincent-Jones reminded him that the Commission had approved both the scoring sheets and the policy and procedure for candidate evaluation, scoring and selection at prior meetings, and the materials had been included in several Commission packets. He further responded that candidate evaluation and scoring was done in public at the RD&B meetings, in accordance with Brown Act rules, and that, as a result, the scores were public information. He added that the scores were not mailed out to the candidates because they would be meaningless without the scoring sheets and/or the other candidate's scores for comparison. He suggested the Mr. Briggs contact the office, and they would supply him with his score—as they would do with any candidate who called. Last, Mr. Vincent-Jones noted that two of the renewing candidates had participated in the scoring process, and left the room when their applications were considered. The remaining four participants in the process are either not on the Commission (one), or had informed the Committee that they did not intend to renew (three).
 - In response to further discussion, Mr. Vincent-Jones told Mr. Briggs that his candidacy had not been proposed as a full member because the Committee had been informed that he was affiliated with a Title I provider, therefore making him ineligible for an unaffiliated consumer seat. Mr. Vincent-Jones further said that staff could not possibly verify each piece of information in each candidate's application, and it was incumbent upon the candidate to keep the Committee posted of changes or modifications in their application that might impact their eligibility. Mr. Vincent-Jones informed Mr. Briggs that if he was no longer affiliated with the provider, then he would be eligible for elevation to full membership.
 - Mr. Stewart shared that he has attended most of the RD&B meetings dealing with the development of the membership recommendations, in part to ensure that the rules, policies and procedures were followed, and noted that he has never seen a process that held more closely to "what the group said it was going to do" and to what was fair in this process. He added that it was an excellent example of how to do this type of process correctly.
3. **Sunset Review:** Mr. Butler reported that the Board had approved the Commission's Sunset Review and a next Sunset Review date of June 30, 2006. That date was set, at the Commission's urging, to follow Reauthorization for any additional changes that might need to be made as a result, and then begin a cycle where the Sunset Reviews follow Reauthorization rather than preceding it.

D. Priorities and Planning (P&P) Committee: Mr. Land announced that Ms. Watt had been elected the new P&P Co-Chair.

1. **Year 16 Priority- and Allocation-Setting:** Mr. Land asked everyone to sign and submit the pledge form in the packet. Ms. Watt asked that everyone read the memorandum regarding the Priority- and Allocation-Setting paradigms and operating values so they can review the guiding principles of this year's process.
 - Ms. Broadus suggested that under Scenario II – Flat Funding, the quality of care paradigm address "care and treatment" rather than just "care".

MOTION #8: Motion passed by consensus.

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2. ***Cross-Title Collaboration:*** Mr. Land noted that documentation about the Cross-Title Collaboration was included in the packet, but would report on it at a later time due to limited time in the meeting.

E. ***Finance Committee:***

1. ***Year 14 Financial Reports:*** Ms. Bailey reported that the financial reports were in the Commission packet, and detailed expenditures through August 2004. There are two delinquent agencies for the Title I and one delinquent in Title II.

XIV. **COMMISSION COMMENT, NON-AGENDIZED:** There was no additional Commission comment.

XV. **ANNOUNCEMENTS:**

- Ms. Broadus invited everyone to Women Alive's first black tie event—a tribute to the leading ladies of jazz on December 16, 2004, at 7:00 p.m. at the Queen Mary Grand Salon, Long Beach, CA. All proceeds will benefit Women Alive Coalition. Tickets are \$50 or \$75 VIP (including a champagne reception).

XVI. **ADJOURNMENT:** The meeting adjourned at 1:58 p.m.

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MOTION AND VOTING SUMMARY

MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	Motion Passed
MOTION #2: Approve the revision to the minutes from the August 12, 2004 Commission on HIV Health Services meeting.	<i>Passed by Consensus</i>	Motion Passed
MOTION #3: Approve the minutes from the October 14, 2004 Commission HIV Health Services meeting.	<i>Passed by Consensus</i>	Motion Passed
MOTION #4: Approve the directive to the Office of AIDS Programs and Policy (OAPP) regarding reallocation of underspent funds as allowed and needed to Priorities 6-9, as presented.	<i>Passed by Consensus</i>	Motion Passed
MOTION #5: Adopt the proposed rate study sequence, as presented.	<i>Passed by Consensus</i>	Motion Passed
MOTION #6: Incorporate public comments from CAO and adopt the proposed policy statement on CARE Act Reauthorization 2005.	<i>Passed by Consensus</i>	Motion Passed
MOTION #7: Adopt the proposed policy on Commission Committees and Working Groups, as presented.	<i>Passed by Consensus</i>	Motion Passed
MOTION #8: Adopt paradigms and operating values to guide the Year 16 Priority- and Allocation-Setting process, as presented.	<i>Passed by Consensus</i>	Motion Passed